



Approved Not Approved

CONFIDENTIAL

Signature of Campus Doctor of University of Macau

Date: _____ Student No.: ---

PART I (This part is to be completed by the applicant.)

Name in Full: _____
(as given in your Application Form. Use BLOCK LETTERS)

Name in Chinese, if applicable: _____

Sex: _____ Date of Birth: _____

E-mail: _____

Address: _____

_____ Telephone No.: _____

*Affix a recent
Passport-size
photograph here*

Name of Parent/Guardian: _____

Name in Chinese of Parent/Guardian. If applicable: _____

Relationship to Applicant: _____ Telephone No.: _____

1. Have you or has any member of your family ever had any serious illness? If so, state nature of disease and relationship of patient to applicant.

2. Have you or has any member of your family ever been under treatment for tuberculosis? If yes, please provide relationship. _____
3. Have you or has any member of your family ever suffered from mental illness, syncope or epilepsy, or has been treated in an institution for any of these illness?

4. Are you sensitive to any particular drug or drugs? _____
5. Is there any family history of asthma or allergy? _____
6. Have you got the tetanus vaccination? If yes, mention the dates. (Copy of the vaccination certificate must be attached.) (1) _____, (2) _____, (3) _____

❖ I declare that the information provided in this form is correct and I have acknowledged and understood the <Personal Data Collection Statement of the University of Macau> stated on the last page.

❖ I hereby certify in the presence of the Medical Examiner that the information given above is true and correct.

Signature of Medical Examiner

Date:

Signature of student

Date:

PART II (This Part is to be completed by the Medical Examiner.)

1. Height: _____
2. Weight: _____
3. Blood Pressure: _____
4. Urine - is albumin or sugar present? _____

5. Radiologist's report of chest (Examination should have been made within the last three months from date of submission of this report):

Normal Abnormal

6. Vision	Right eye	Left eye
Without correction	_____/10	_____/10
With correction	_____/10	_____/10
Chromatic Sense	_____	_____

7. Remarks by Medical Examiner (If the Medical Examiner is unable to certify the applicant as being physically fit to pursue study in our University, please state reasons giving nature of defect and whether it is of a permanent or temporary nature.):

8. I certify that I have this day examined the applicant and the results of my examination are as set forth above. I certify that in my opinion, subject to the observations mentioned in paragraph 7, the applicant is

PHYSICALLY FIT
 NOT PHYSICALLY FIT

to pursue study in our University.

Stamp Official Chop

Signature of Medical Examiner
Date:

Name of Medical Examiner in full: _____

Number of Medical License: _____

Institution: _____

Address: _____

Telephone No.: _____

This form is used only for admission to University of Macau. The University has the right to verify the health status of students for admission purpose. Students must submit the original medical examination report on which without the doctor's signature and the chop of the hospital or medical centre will not be regarded valid.

University of Macau - <Personal Data Collection Statement>

The University of Macau being a public institution of higher education as set in Law No. 1/ 2006, in accord to the purposes of carrying out educational activities, providing educational support and contacting with students, parents or guardians, requires new students to fill in the Registration Form. The University of Macau undertakes to observe the spirit of the data protection principles and will make every effort to ensure the confidentiality and integrity of the personal information being collected and held by the University. The transmission of personal information over the Internet may lack protection and security. There is a risk you're your information may be accessed or used by an unauthorized third party.

The personal data collected and registered by you, as well as all education-related records you have completed in the University of Macau will be transferred to your student file established by the University. Those personal data may also be transferred within the University and to entities that are in accordance with legal provision or with your prior consent, for the purposes of University administration and education. The University of Macau will comply with Article 3 (Duration for Data Preservation) of the Authorization No. 02/2008 (Personal Data Processing by Educational Institutions Relating to Students) of Office for Personal Data Protection of Macao for students and graduates' data management and retention.

The registration will not be completed if students fail to fill in or confirm any of the mandatory fields as required in the registration form in accord to the personal-identification and education-related information.